

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28773

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7771	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo. 2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 18 3030 Clark Ave 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Minnie		b. (Middle) Tammons		c. (Last) _____	
4. DATE OF DEATH		8		30		1951	
5. SEX 2 Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH March 2nd 1883 68	
9. AGE (In years last birthday) 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		11. BIRTHPLACE (State or foreign country) Feston Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S. A. ✓	
13a. FATHER'S NAME Louis Keys		13b. MOTHER'S MAIDEN NAME Sarah ?		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Emily Williams		ADDRESS 3030 Clark Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES DUE TO (b) Thrombo-phlebitis DUE TO (c) Undet. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease, Acute			
19a. DATE OF OPERATION 8-25-51		19b. MAJOR FINDINGS OF OPERATION appendicitis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 463X			
22. I hereby certify that I attended the deceased from 8-25-51, 19__, to 8-30-51, 19__, that I last saw the deceased alive on 8-30-51, 19__, and that death occurred at 10:16 P., from the causes and on the date stated above.							
23a. SIGNATURE Frank Woodson		(Degree or title) M. D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 8-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-3-51		24c. NAME OF CEMETERY OR CREMATORY Festus Cemetery		24d. LOCATION (City, town, or county) (State) Festus, Mo.	
DATE REC'D BY LOCAL REG. SEP 1 1951		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE A. L. Beal Undertaking Co 4303 D th			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Allmar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

Arthur L. Hilliard

Licensed Embalmer No.

4221

P. O. Address

4740 Lepple

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.